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§19–145.1.

(a) (1) In this section the following words have the meanings indicated.

(2) (i) “Advance care planning document” means a document that indicates an individual’s preferences for the receipt of health care.

(ii) “Advance care planning document” includes:

1. An advance directive; and
2. A Medical Orders for Life–Sustaining Treatment form.

(3) “Carrier” means:

- (i) An insurer;
- (ii) A nonprofit health service plan; and
- (iii) A health maintenance organization.

(4) “Electronic advance care planning document” means an electronic version of an advance care planning document that is able to be uploaded or saved to the electronic platform developed under subsection (b)(2)(i) of this section.

(5) “Health care provider” means:

- (i) A health care practitioner who is licensed or certified under the Health Occupations Article to provide health care in the ordinary course of business;
- (ii) A set of health care practitioners, as defined in § 15–113 of this article;
- (iii) A health care facility as defined in § 19–114 of this subtitle;
- (iv) A nursing facility, as defined in § 19–301 of this title; or

(v) An assisted living program, as defined in § 19–1801 of this title.

(b) (1) The Commission shall coordinate the accessibility of electronic advance care planning documents in the State.

(2) The coordination provided by the Commission under this subsection shall include:

(i) Collaboration with the State–designated health information exchange to develop an electronic platform through which:

1. Individuals can upload or save advance care planning documents;

2. Individuals can update electronic advance care planning documents; and

3. Health care providers can access electronic advance care planning documents as appropriate;

(ii) Identification of options meeting federal, State, and industry cybersecurity standards that may be taken by carriers, managed care organizations, and health care providers to:

1. Encourage members, enrollees, and patients to create, upload or save, and update advance care planning documents; and

2. Make tools, which may include electronic advance directives services recognized by the Commission under § 19–144 of this subtitle, accessible to members, enrollees, and patients that allow them to create, upload or save, and update electronic advance care planning documents;

(iii) Development and implementation of quality measures endorsed or designated for testing by a national quality measurement organization to measure the effectiveness of the options identified under item (ii) of this paragraph; and

(iv) Inclusion of a distinct tab on the State–designated health information exchange website that provides:

1. Access to the advance directive information sheet developed under § 5–615 of this article;

2. The electronic means to create, execute, and store an advance directive or health care designation; and

3. The capability to upload or save an advance care planning document to the electronic platform developed in accordance with item (i) of this paragraph and update existing electronic advance care planning documents.

(3) As the Commission identifies options under paragraph (2)(ii) of this subsection, the Commission may explore whether carriers, managed care organizations, and health care providers with secure member authentication websites can link between the website of the carrier, managed care organization, or health care provider and the State–designated health information exchange website.

(4) In developing the electronic platform in accordance with paragraph (2)(i) of this subsection, the Commission and the State–designated health information exchange:

(i) Shall consult with other State agencies and stakeholders, as appropriate; and

(ii) Subject to available funds, may contract with a third–party vendor, as appropriate.

(5) The electronic platform developed in accordance with paragraph (2)(i) of this subsection shall:

(i) Provide an individual with disabilities with nonvisual access in a way that is fully and equally accessible to and independently usable by the individual with disabilities so that the individual is able to acquire the same information, engage in the same interactions, and enjoy the same services as users without disabilities, with substantially equivalent ease of use; and

(ii) Be consistent with the standards of § 508 of the federal Rehabilitation Act of 1973.

(c) As an option under subsection (b)(2)(ii) of this section, a carrier, managed care organization, or health care provider may contract with an electronic advance directives service if the service:

(1) Is approved by the Maryland Health Care Commission under § 19–144 of this subtitle; and

(2) Meets the technology, security, and privacy standards set by the Commission.

(d) The Commission may adopt regulations to carry out this section.

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